



## Business License Assessment Survey

- This form is intended to help the County better understand where and how your business operates, to assess whether or not a Richland County business license is needed. If a license is needed, our office will work with you to facilitate compliance.
- If you already have a Richland County business license, please provide the number: \_\_\_\_\_. If your business does not currently have a Richland County business license, please be aware a license may or may not be needed.

### **Business Information:**

1. Corporate Business Name: \_\_\_\_\_
2. Name as seen by the public: \_\_\_\_\_
3. Local Business Phone: \_\_\_\_\_ Open Date: \_\_\_\_\_
4. Specific business activity: \_\_\_\_\_
5. 2022 NAICS Code: \_\_\_\_\_ (See <http://www.census.gov/naics/> for help)
6. Description of your business: \_\_\_\_\_

### **Physical Location Information:**

7. Business Location (Street, City, State, Zip): \_\_\_\_\_
8. If the physical address is not in the County's unincorporated areas, how often does your business go into – or expect to go into – the non-city areas of Richland County:  
Approximately: \_\_\_\_\_ times per (circle one) week month year
9. Best person to contact about license requirements: \_\_\_\_\_
10. Title: \_\_\_\_\_ Work #: \_\_\_\_\_
11. Cell #: \_\_\_\_\_ E-mail: \_\_\_\_\_
12. Area where business has been and/or will be conducted by the business: (check all that apply)

<input type="checkbox"/> Arcadia Lakes	<input type="checkbox"/> Cayce	<input type="checkbox"/> Irmo
<input type="checkbox"/> Blythewood	<input type="checkbox"/> Forest Acres	<input type="checkbox"/> non-city limits in Richland County
<input type="checkbox"/> Columbia	<input type="checkbox"/> Eastover	<input type="checkbox"/> outside Richland County entirely

### **Owner/Principal Information:**

13. Owner/Principal(s) Name (no corporate names): \_\_\_\_\_
14. Home Address: \_\_\_\_\_
15. Mailing Address: \_\_\_\_\_
16. Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_
17. E-mail: \_\_\_\_\_

**Applicant Certification:**

Upon penalties of perjury, I hereby certify and attest to the following:

- (1) All information provided here is true and correct to the best of my knowledge.
- (2) If this location or business activity of this business changes or expands at any time in the future, I will notify the Business Service Center and complete a new Business License Assessment Survey.
- (3) I understand that, if my business is located in or conducts business in the unincorporated areas of Richland County, **I am responsible for complying with all County business requirements**, found at <http://www.richlandonline.com/Government/Ordinances>. I also understand the consequences for failing to comply with these requirements.
- (4) I understand that the Business License Determination shown below is valid until either (1) the information contained of this form changes, or (2) May 1<sup>st</sup>, the date on which all business licenses must be renewed, whichever comes first.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Business Service Center Staff Only**  
**Business License Determination**

Tax district of physical location: \_\_\_\_\_ OR  located outside of Richland County

Based on the information provided above, certified by the applicant as accurate, this business:

- DOES NOT** need a Richland County business license at this time  
 - Business licenses are not required to submit proposals, bids, job quotes, or applications.
- DOES** need a Richland County business license at this time  
 - Business license are required if the business is awarded a County bid or job to do work in the non-city areas of Richland County.

**Business License #:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Status** of County Business License:  Pending (👉)  Paid (👉)  Issued (👉)

**All County business license expire on April 30<sup>th</sup> of each year.**

The License Determination above is valid until: (1) the information on this form changes, or (2) May 1<sup>st</sup>, the date by which all licenses must be renewed, whichever comes first.

Signature of BSC Staff: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_